07/19/2011 14:32

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Otolaryngology-Head and Neck Surgery ENT PAC 1650 Diagonal Road ADDRESS (number and street) Check if different than previously Alexandria ٧A 22314 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00306449 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 06 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brenda Hargett, CPA Type or Print Name of Treasurer Electronically Filed by Brenda Hargett, CPA 07 19 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

м м 0 6 м м 0 6 ^D 30 D D 0 1 2011 2011 Report Covering the Period: From: To:

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2011 Y Y Y		134393.57
	(b) Cash on Hand at Begining of Reporting Period	111282.60	
	(c) Total Receipts (from Line 19)	22431.09	100302.17
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	133713.69	234695.74
	Total Disbursements (from Line 31)	18385.88	119367.93
•	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	115327.81	115327.81
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Otolaryngology-Head and Neck Surgery ENT PAC

м м 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 18465.50 84235.50 (i) Itemized (use Schedule A) 3960.42 16031.26 (ii) Unitemized (iii) TOTAL (add 22425.92 100266.76 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 22425.92 100266.76 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 5.17 35.41 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 22431.09 100302.17 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 22431.09 100302.17 (subtract Line 18(c) from Line 19)

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)		Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: Shared Endors!/Non Endors!	. 5131 11110 1 51194	Taillian Tour to Buto
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	205.00	1007.00
Expenditures	385.88	1367.93
(c) Total Operating Expenditures	385.88	1367.93
(add 21(a)(i), (a)(ii) and (b))	303.00	1007.30
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
Federal Candidates/Committeesand Other Political Committees	18000.00	118000.00
I. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
S. 2531 Hopajinonio Mado		
7. Loans Made	0.00	0.00
(a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
O. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		U.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. Total Disbursements (add Lines 21(c), 22,	10005.00	110007.00
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18385.88	119367.93
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	18385.88	119367.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	22425.92	100266.76
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	22425.92	100266.76
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	385.88	1367.93
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	385.88	1367.93

FE6AN026

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Otolaryngology	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\angle		/-neau anu r	Neck Surgery ENT FAC	
۸.	Full Name (Last, First, Middle Initial) Keith J Alexander, MD	0+- 500		Date of Receipt
	Mailing Address 1720 Nicholasville Rd		7'- 0-4-	06 29 2011
	City Lexington	State KY	Zip Code 40503-1487	Transaction ID: C1320398 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Central KY Ear Nose and Throat PSC	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
	Full Name (Last, First, Middle Initial) William R. Blythe, MD			Date of Receipt
	Mailing Address 1965 1st Ave	06 22 2011		
	City	State	Zip Code	Transaction ID: C1312481
	Opelika FEC ID number of contributing federal political committee.	C	36801-5403	Amount of Each Receipt this Period 1000.00
	Name of Employer East Alabama ENT PC	Occupation Physician		
	Receipt For: Primary General Other (specify)	, ' 	Year-to-Date ▼ 1000.00	
 :.	Full Name (Last, First, Middle Initial) Marcella R. Bothwell, MD			Date of Receipt
	Mailing Address 3030 Childrens Way N	MOB 402A		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1320413
	San Diego FEC ID number of contributing federal political committee.	CA	92123-4228	Amount of Each Receipt this Period 125.00
	Name of Employer Rady Children's Hospital of San Diego	Occupation Director,	n Pediatric Airway and Aerodi	ig
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 850.00	
	SUBTOTAL of Receipts This Page (optional)		__	1490.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Otolaryngology	e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard K Caldwell, MD Mailing Address 417 S 4th St Ste B City Gadsden FEC ID number of contributing federal political committee. Name of Employer Dowling & Caldwell MD PC Receipt For: Primary General Other (specify)	State Zip Code AL 35901-5296 C Occupation Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M D D D Z 2 0 1 1 Transaction ID: C1304277 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Daniel G Carothers, MD Mailing Address 676 N Saint Clair St S City Chicago FEC ID number of contributing federal political committee. Name of Employer Northwestern Nasal & Sinus Receipt For: Primary General	te 1575 State Zip Code IL 60611-2889 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Stephen J Chadwick, MD Mailing Address 87 N Country Club Rd City Decatur FEC ID number of contributing federal political committee.	State Zip Code IL 62521-4152	Date of Receipt M M M / D D D / Y Y Y Y Y O 6 23 2011 Transaction ID: C1320571 Amount of Each Receipt this Period 500.00
Name of Employer ENTA Allergy, Head and Ne- ck Institute Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Occupation Physician Aggregate Year-to-Date 500.00	785.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to ogy-Head and Neck Surgery ENT PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sujana S. Chandrasekhar, MD Mailing Address 364 E 69th St Apt 2 City	2 State Zip Code	Date of Receipt M
New York FEC ID number of contributing federal political committee.	NY 10021-5721	Amount of Each Receipt this Period 500.00
Name of Employer New York OTO Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 500.00]
Full Name (Last, First, Middle Initial) Susan R. Cordes, MD Mailing Address 702 Barnhill Dr Ste	860	Date of Receipt 0 6 0 5 2 0 1 1
City	State Zip Code	Transaction ID: C1320394
Indianapolis FEC ID number of contributing federal political committee.	IN 46202-5128	Amount of Each Receipt this Period
Name of Employer Indiana University School of Medicine Receipt For: Primary Other (specify) ▼	Occupation Clinical Assistant Professor Aggregate Year-to-Date 400.00	
Full Name (Last, First, Middle Initial) Lee D. Eisenberg, MD MPH	PUCCUTU	Date of Receipt
Mailing Address 177 N Dean St Ste		06 05 2011
City <u>Englewood</u>	State Zip Code NJ 07631-2527	Transaction ID: C1320421 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	87.50
Name of Employer ENT and Allergy Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	
CURTOTAL of Descints This Dags (action)	al)	687.50

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	merican Academy of Otolaryngology	y-Head and N	Neck Surgery ENT PAC	
Art	Ill Name (Last, First, Middle Initial) thur N Falk, MD ailing Address 35 Hackett Blyd			Date of Receipt
IVIC	ailing Address 35 Hackett Blvd			06 24 2011
Cit	ty	State	Zip Code	Transaction ID: C1308676
<u>Al</u>	bany	NY	12208-3420	Amount of Each Receipt this Period
	CC ID number of contributing deral political committee.	C		365.00
	ame of Employer niv ENT of NE New York	Occupatio Physicia		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00]
	II Name (Last, First, Middle Initial) dney M Fishman, MD			Date of Receipt
Ma	ailing Address 3801 Katella Ave Ste	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Cit	•	State	Zip Code	Transaction ID: C1303120
Lo	os Alamitos	CA	90720-6901	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
Na Ea er	ame of Employer ar, Nose and Throat Cent-	Occupatio Physicia		
Re	eceipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	ll Name (Last, First, Middle Initial) Iul L. Fortgang, MD			Date of Receipt
Ma	ailing Address 1 Long Wharf Dr Ste 3	06 08 7 2011		
Cit	•	State	Zip Code	Transaction ID: C1303122
<u>N</u>	ew Haven	CT	06511-5593	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
<u>an</u>	ame of Employer outhern New England ENT d Facial Pl	Occupatio Physicia	n	
Re	eceipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
		1		1115.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one) X 11a
or for comm	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) can Academy of Otolaryngology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	ne (Last, First, Middle Initial)			Date of Receipt
	Address 1220 New Scotland Rd	Ste 103		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	d = d =	State	Zip Code	Transaction ID: C1308669
	number of contributing political committee.	C	12159-9386	Amount of Each Receipt this Period 365.00
ute	f Employer Region Ear Instit-	Occupatio Physicial	n	
	imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
_ Cameror	ne (Last, First, Middle Initial) n D Godfrey, MD Address 2308 Clarinda Ave			Date of Receipt
		0	7' 0 1	06 28 2011
City Wichita	a Falls	State TX	Zip Code 76308-1202	Transaction ID: C1312457 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	70000-1202	1000.00
Name of Head & ciates	f Employer Neck Surgical Asso-	Occupatio Physicia		
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
	ne (Last, First, Middle Initial) Goldstein, MD			Date of Receipt
Mailing A	Address 50 Riverside Dr Apt 8A	ı		0 6 0 8 2 0 1 1
City		State	Zip Code	Transaction ID: C1303117
New Y	ork	NY	10024-6504	Amount of Each Receipt this Period
	number of contributing political committee.	C		250.00
	f Employer ployed	Occupatio Physicia		
	For: imary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	AL of Receipts This Page (optional)			1615.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Otolaryngology	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ a .	Full Name (Last, First, Middle Initial) Nancy R Griner, MD Mailing Address 1700 Tree Ln Ste 320			Date of Receipt
	City Snellville	State GA	Zip Code 30078-6747	Transaction ID: C1320410 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Self-employed Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
 B.	Full Name (Last, First, Middle Initial) Joseph E. Hart, MD FACS MS Mailing Address 1753 W Ridgeway Ave	Ste 108		Date of Receipt 0 6 0 5 2 0 1 1
	City	State	Zip Code	Transaction ID: C1320414
	Waterloo FEC ID number of contributing federal political committee.	C	50701-4588	Amount of Each Receipt this Period 100.00
	Name of Employer Self-Employed	Occupatio Physicial	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Stacey L. Ishman, MD			Date of Receipt
	Mailing Address 7100 Bristol Rd			06 01 2011
	City Baltimore	State MD	Zip Code 21212-1603	Transaction ID: C1293987 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21212-1003	250.00
	Name of Employer Johns Hopkins Medical Ins- titutions	. '	t Professor of Otolaryngolog	у
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
S	SUBTOTAL of Receipts This Page (optional)			400.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16
Any or fo	information copied from such Reports and Sor commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
- I \	NAME OF COMMITTEE (In Full) American Academy of Otolaryngology	/-Head and N	Neck Surgery ENT PAC	
	Full Name (Last, First, Middle Initial) Bruce C Johnson, MD			Date of Receipt
1	Mailing Address 3099 River Rd S Ste 1	50		06 13 7 2011
	City Salem	State OR	Zip Code 97302-9754	Transaction ID: C1304854 Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		500.00
<u>1</u> 1	Name of Employer Willamette ENT/Facial Pla- stic Surgery	Occupation Physicia		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
1	Full Name (Last, First, Middle Initial) Kenneth A Kaplan, MD			Date of Receipt
١	Mailing Address 557 Cranbury Rd Ste	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Zip Code	Transaction ID: C1302866
_	East Brunswick	NJ	08816-5419	Amount of Each Receipt this Period
f	FEC ID number of contributing dederal political committee.	C		500.00
1	Name of Employer Advanced Otolaryngology Associates	Occupation Physicia		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Ayesha Khalid, MD			Date of Receipt
ľ	Mailing Address 350 College Road			0 6 1 4 2 0 1 1
	City Concord	State MA	Zip Code 01742	Transaction ID: C1303113 Amount of Each Receipt this Period
F	FEC ID number of contributing rederal political committee.	C	01742	146.00
<u>1</u> 1	Name of Employer Mass Eye & Ear	Occupation Physicia		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 219.00	
	BTOTAL of Receipts This Page (optional)	1		1146.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to gy-Head and Neck Surgery ENT PAC	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ronald H Kirkland, MD Mailing Address 616 W Forest Ave		Date of Receipt
City Jackson FEC ID number of contributing	State Zip Code TN 38301-3902	Transaction ID: C1307894 Amount of Each Receipt this Period 1000.00
Name of Employer The Jackson Clinic Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Helen F. Krause, MD Mailing Address 1301 Aviara Pl		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Gibsonia FEC ID number of contributing federal political committee.	State Zip Code PA 15044-8042 C	Transaction ID: C1308679 Amount of Each Receipt this Period 365.00
Name of Employer Self-Employed Receipt For: Primary Other (specify)	Occupation Physician Aggregate Year-to-Date 365.00	1
Full Name (Last, First, Middle Initial) John H. Krouse, MD PhD Mailing Address Dept Of OTO 3440 N. Broad Stree	at Kraega Wast #	Date of Receipt M
City Philadelphia FEC ID number of contributing federal political committee.	State Zip Code PA 19140-5104 C	Transaction ID: C1312458 Amount of Each Receipt this Period 535.00
Name of Employer Temple University Receipt For:	Occupation Professor of Otolaryngology Aggregate Year-to-Date	
Primary General Other (specify) ▼	535.00	
SUBTOTAL of Receipts This Page (optional)	1900.00

NAM		tatemente ma	1	13 14 15 16
\		name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	IE OF COMMITTEE (In Full) erican Academy of Otolaryngology	-Head and N	leck Surgery ENT PAC	
	Name (Last, First, Middle Initial)			Date of Receipt
	ng Address 550 - 94th Ave N			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1320573
Sair	nt Petersburg	FL	33702-2406	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		365.00
Name Sinus rida I	e of Employer s & Nasal Inst of Flo-	Occupation Director	n	7
	eipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Name (Last, First, Middle Initial)	!		Date of Receipt
	ng Address 555 N 30th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C1320427
<u>Om</u>	aha	NE	68131-2136	Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		100.00
Name Boys Hosr	e of Employer s Town Natl Research	Occupation Director	n Boys Town ENT Institute	7
	eipt For: Primary General Other (specify) 🔻	Aggregate	e Year-to-Date ▼ 400.00	
	Name (Last, First, Middle Initial) D Maslov, MD			Date of Receipt
Mailir	ng Address PO Box 545			06 07 2011
City		State	Zip Code	Transaction ID: C1295596
<u>Sen</u>	eca	PA	16346-0545	Amount of Each Receipt this Period
FEC feder	ID number of contributing ral political committee.	C		500.00
Ear, <u>ciate</u>		Occupation Physician		
	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Otolaryngology	-Head and N	Neck Surgery ENT PAC	
۸.	Full Name (Last, First, Middle Initial) Mary Melissa McBrien, MD			Date of Receipt
	Mailing Address 6900 Orchard Lake Ro	I Ste 314		06 28 2011
	City	State	Zip Code	Transaction ID: C1320574
	West Bloomfield	MI	48322-3457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Troy ENT	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 s.	Full Name (Last, First, Middle Initial) Srinivas B Mukkamala, MD			Date of Receipt
	Mailing Address 1170 Charter Dr Ste F			0 6 2 0 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1308668
	<u>Flint</u>	MI	48532-3587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Mukkamala and Kulkarni Mds	Occupatio Physicial		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
_	Full Name (Last, First, Middle Initial) Agnes V Nall, MD			Date of Receipt
	Mailing Address 701 Manatee Ave W S	te 202		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1304284
	Bradenton	FL	34205-8624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Ear, Nose and Throat Asso- ciates	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Academy of Otolaryngology-	-Head and N	leck Surgery ENT PAC	
Full Name (Last, First, Middle Initial) V Rama Nathan, MD			Date of Receipt
Mailing Address 820 S Bea Ave			0 6 1 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1303126
Inverness	FL	34452-3603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) James L Netterville, MD			Date of Receipt
Mailing Address Dept of OTO-HNS 7209 Med Ctr E - S To	wer 1215 21	st	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1320502
<u>Nashville</u>	TN	37232-8605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Vanderbilt Univ Med Ctr	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) David R. Nielsen, MD FACS			Date of Receipt
Mailing Address 1650 Diagonal Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1320433
Alexandria	VA	22314-2857	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer AAO-HNS/F	Occupation Executive	n e Vice President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			1865.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS Any information copied from such	Reports and Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one) X 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
or for commercial purposes, other NAME OF COMMITTEE (In Financial Academy of Otomorphic Commercial purposes, other NAME OF COMMITTEE (In Financial Purposes, other)	(ااد	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	o solicit contributions from such committee.
Full Name (Last, First, Middle I Steven M Parnes, MD Mailing Address 35 Hacket	,		Date of Receipt
	L DIVU		06 24 2011
City	State NY	Zip Code	Transaction ID: C1308674
Albany FEC ID number of contributing federal political committee.	C	12208-3420	Amount of Each Receipt this Period 365.00
Name of Employer Univ ENT of NE New York	Occupation Physicia		
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle I Adam M Shapiro, MD	nitial)		Date of Receipt
Paragon N	te Thomas led Bldg Ste 308		06 / 03 / 2011
City St Thomas	State VI	Zip Code 00802-2615	Transaction ID: C1295626
FEC ID number of contributing federal political committee.	C	00002-2013	Amount of Each Receipt this Period 1000.00
Name of Employer Virgin Islands ENT	Occupation Physicia		
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle I Stanley A. Sheft, MD	nitial)		Date of Receipt
Mailing Address 6 Sand Hil	I Rd Ste 302		0 6 1 6 2 0 1 1
City	State	Zip Code	Transaction ID: C1304857
Flemington	NJ	08822-4946	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Hunterdon Otolaryngology Assoc	Occupation Physicia	ın	
Receipt For: Primary Genera Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Par	ge (optional)		1615.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one) X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and ado	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Otolaryngology-	-Head and N	leck Surgery ENT PAC	
Full Name (Last, First, Middle Initial) Steven M Silver, MD			Date of Receipt
Mailing Address 35 Hackett Blvd			0 6 2 4 2 0 1 1
City	State	Zip Code	Transaction ID: C1308675
Albany	NY	12208-3420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		365.00
Name of Employer Univ ENT of NE New York	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Aaron T Spingarn, MD	l		Date of Receipt
Mailing Address 44 Pheasant Run Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1304855
<u>Pleasantville</u>	NY	10570-2544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self-Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Michael G Stewart, MD MPH			Date of Receipt
Mailing Address 1305 York Ave FI 5 Dept of Orl			0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C1304278
New York	NY	10021-5663	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Weill Cornell Med Clg	Occupation Professor	n r and Chairman	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)			1230.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS) /)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25 (check only one) X
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Otolaryngo	ology-Head and N	leck Surgery ENT PAC	
Full Name (Last, First, Middle Initial) Chester L Strunk, MD			Date of Receipt
Mailing Address 2950 Cullen Blvd	Ste 202		M M / D D / Y Y Y Y Y O D D / 2011
City Pearland	State TX	Zip Code	Transaction ID: C1293992
FEC ID number of contributing federal political committee.	C	77584-3922	Amount of Each Receipt this Period 500.00
Name of Employer Bay Area ENT	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	_ , '	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joy Trimmer	l .		Date of Receipt
Mailing Address 316 Pennsylvania Ste 501	Ave SE		06 30 7 2011
City Washington	State DC	Zip Code 20003-1169	Transaction ID: C1312456 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	285.00
Name of Employer American Academy of Otola-	Occupation Sr. Direct	n tor, Government Affairs	
ryngology-HNS Receipt For:		Year-to-Date Verrange	
Primary General Other (specify) ▼		535.00	
Full Name (Last, First, Middle Initial) Debara L Tucci, MD			Date of Receipt
Mailing Address Div of OHNS Dep PO Box 3805	t of Surgery		0 6 1 4 2 0 1 1
City Durham	State NC	Zip Code 27710-0001	Transaction ID: C1303114
FEC ID number of contributing federal political committee.	C	27710-0001	Amount of Each Receipt this Period 122.00
Name of Employer Duke Univ Med Ctr	Occupation Physician		
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		243.00	
SUBTOTAL of Receipts This Page (option	and)		907.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 25 (check only one) X
,	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/	American Academy of Otolaryngology	-Head and N	Neck Surgery ENT PAC	
۱.	Full Name (Last, First, Middle Initial) Edwin Williams, MD			Date of Receipt
	Mailing Address 1072 Troy Schenectac Ste 201	dy Rd		06 24 2011
	City Latham	State NY	Zip Code 12110-1025	Transaction ID: C1308672
	FEC ID number of contributing federal political committee.	C	12110-1025	Amount of Each Receipt this Period
	Name of Employer Williams Center	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 1000.00	
	Full Name (Last, First, Middle Initial) Jay S. Youngerman, MD Mailing Address 875 Old Country Rd S	te 200		Date of Receipt
	City	State	Zip Code	06 05 2011
	Plainview	NY	21p Code 11803-4934	Transaction ID: C1320430 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Long Island ENT Assoc PC	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Raymond L Yung, MD			Date of Receipt
	Mailing Address 845 United Nations Pla	z Apt 18D		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C1293993
	New York FEC ID number of contributing federal political committee.	C	10017-3528	Amount of Each Receipt this Period 300.00
	Name of Employer Self-Employed	Occupatio Physicial		
	Receipt For: Primary General Other (specify) ▼	, ' 	Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		1400.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 25 (check only one) X
	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Otolaryngology	/-Head and Neck Surgery ENT PAC	
Full Name (Last, First, Middle Initial) John J Zappia, MD Mailing Address 30055 Northwestern F City	Hwy Ste 101 State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Farmington Hills FEC ID number of contributing federal political committee.	MI 48334-3260	Amount of Each Receipt this Period 365.00
Name of Employer Michigan Ear Institute Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 365.00	1

SUBTOTAL of Receipts This Page (optional)	•	365.00
TOTAL This Period (last page this line number only)	<u> </u>	18465.50

Image# 11931961690

State:

A.

District:

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 22 / 25 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 23 26 27 28a 28b 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Otolaryngology-Head and Neck Surgery ENT PAC Full Name (Last, First, Middle Initial) Transaction ID: D117717 **EDonation** Date of Disbursement 0 6 3 0 2011 Mailing Address 118 N Saint Asaph St City State Zip Code Amount of Each Disbursement this Period Alexandria VA 22314-3110 385.88 Purpose of Disbursement Payment to EDonation Candidate Name Category/ Type Office Sought: Disbursement For: 2012 House Primary General Senate President X Other (specify)

Payment to EDonation

SUBTOTAL of Disbursements This Page (optional)	•	385.88
TOTAL This Period (last page this line number only)		385.88

			arate schedule(s)	FOR LINE	NUMBER: PAGE 23 / 25
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22 X 23 24 25 2 28a 28b 28c 29 3
	y Information copied from such Reports and Station commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full) American Academy of Otolaryngology-F				
<u>/</u>	Full Name (Last, First, Middle Initial) WHITFIELD FOR CONGRESS COMMI	ГТЕЕ			Transaction ID: D117251 Date of Disbursement
	Mailing Address P.O. BOX 391				06 13 / 2011
	City HOPKINSVILLE	State KY	Zip Code 42241		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate Candidate Name			October	2500.00
	Rep. Edward Whitfield	rsement For:	2012	Category/ Type	
	Senate President State: KY District: 01	X Primary Other (spe	General		
	Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONC	GRESSIONA	AL CAMPAIGN		Transaction ID: D117253 Date of Disbursement
	McTan Address Andress Co.	_1		0 6 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1519 Washington Stre	et			00 13 2011
	City Laredo	State TX	Zip Code 78042		
	City Laredo Purpose of Disbursement Contribution to Federal Candidate	State			
	City Laredo Purpose of Disbursement	State		Category/ Type	Amount of Each Disbursement this Perioc
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President Disbu	State	78042 2012 General		Amount of Each Disbursement this Period
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Disbu	State TX rsement For:	78042 2012 General		Amount of Each Disbursement this Period 2500.00 Transaction ID: D117249 Date of Disbursement
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President State: TX District: 28 Full Name (Last, First, Middle Initial)	State TX rsement For:	78042 2012 General		Amount of Each Disbursement this Period 2500.00 Transaction ID: D117249
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President State: TX District: 28 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	State TX rsement For:	78042 2012 General		Amount of Each Disbursement this Period 2500.00 Transaction ID: D117249 Date of Disbursement M 6 M / D 1 3 / Y Y Y O Y 1 Y Amount of Each Disbursement this Period
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President State: TX District: 28 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address P.O. BOX 521048 City SALT LAKE CITY Purpose of Disbursement Contribution to Federal Candidate	State TX rsement For: X Primary Other (spe	78042 2012 General ecify) ▼	Туре	Amount of Each Disbursement this Period 2500.00 Transaction ID: D117249 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President State: TX District: 28 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address P.O. BOX 521048 City SALT LAKE CITY Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Jim Matheson	State TX rsement For: X Primary Other (spe	78042 2012		Amount of Each Disbursement this Period 2500.00 Transaction ID: D117249 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Laredo Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry Cuellar Office Sought: X House Senate President State: TX District: 28 Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS Mailing Address P.O. BOX 521048 City SALT LAKE CITY Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Jim Matheson	State TX rsement For: X Primary Other (spe	78042 2012	Type Category/	Amount of Each Disbursement this Period 2500.00 Transaction ID: D117249 Date of Disbursement M 6 M / D 1 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

		Use separate schedule(s)		(check on		: NUMBER: PAGE 24 / 25 ly one)							
IT.	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b		24 28c		25 29	26
	y Information copied from such Reports and State or commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Academy of Otolaryngology-He	ne and address of any political	comr	mitte									
	Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRES					Trans					250		
	Mailing Address PO Box 3750						M	/ D	1 3	/ Y	ž	0 1 1	Y
	City Brentwood	State Zip Code TN 37024				Amou	int o	f Eacl	n Dis	burse	-	this P	-
	Purpose of Disbursement Contribution to Federal Candidate Candidate Name		Car	tego	ory/						150	00.00	
	Rep. Marsha Blackburn Office Sought: X House Disbur	ement For: 2012 (Primary General Other (specify)		Гуре									
	Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS Mailing Address P. O. Box 1919					Trans Date		isburs	_		, · · v	0 1 1	Y
	City Janesville Purpose of Disbursement Contribution to Federal Candidate	State Zip Code WI 53547		•		Amou	int o	f Eacl	n Dis	burse		this P	
	Candidate Name Rep. Paul D. Ryan			tego Type	-								
	9 1	ement For: 2012 Primary General Other (specify)											
	Full Name (Last, First, Middle Initial) PETE STARK RE-ELECTION COMMITT	EE				Trans Date	of D	isburs	eme				_
	Mailing Address P.O. Box 8331					0 ^M 6	М	/ D	1 3	/ L	ž	0 1 1	Y
	City Fremont	State Zip Code CA 94537				Amou	int o	f Eacl	n Dis	burse	-	this P	
	Purpose of Disbursement Contribution to Federal Candidate Candidate Name		Car	tego	orv/	L.		•			250	00.00	-
	Rep. Pete Stark	ement For: 2012		Гуре									
		Primary General Other (specify)											
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER:	PAGE	25 / 25						
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b					
	y Information copied from such Reports and Sta for commercial purposes, other than using the n											
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)											
/	American Academy of Otolaryngology-l	lead and Neck Surgery ENT	PAC									
	Full Name (Last, First, Middle Initial)			Transaction ID:	0117247							
	RICHARD E NEAL FOR CONGRESS O		Date of Disbursement									
	Mailing Address 76 MAGNOLIA TERR	ACE		06 13	/ Y ž	0 1 1 °						
	City SPRINGFIELD	State Zip Code MA 01108		Amount of Each Dis			riod					
	Purpose of Disbursement Contribution to Federal Candidate				25	00.00						
	Candidate Name Rep. Richard E. Neal		Category/ Type									
	Office Sought: X House Senate President Disbu	rsement For: 2012 X Primary General Other (specify)										
	State: MA District: 02											

SUPTOTAL of Disburgaments This Page (antional)		2500.00
SUBTOTAL of Disbursements This Page (optional)		
TOTAL This Period (last page this line number only)	•	18000.00